

Dear KBEP licensee –

On September 30, 2022, **the Kentucky Board of Examiners of Psychology filed emergency regulations amending 201 KAR 26:175 and 201 KAR 26.225. These amendments will expire October 31, 2022.** The amendments remove the maximum limits on internet-based (not live), interactive webinar, and other continuing education equivalencies, meaning that continuing education can be earned by any format. Since these amendments expire October 31, 2022, any renewals or reinstatements **submitted** after this date will need to meet the requirements of 201 KAR 26:175 as written prior to the emergency regulation, which will include a 12-hour limit on home-study (not live) continuing education and a 24 hour limit on live webinars – **regardless of when the CE is earned.**

For licenses that have expired:

- You now have until October 31, 2022, to reinstate, so long as you have 39 continuing education hours total (in any format) and, as long as those hours still meet other necessary criteria for your renewal (e.g., ethics, suicide training, supervisory training, etc.).
- If you have not yet submitted a request for reinstatement, you may find information about how to do so at this link: <https://psy.ky.gov/Documents/Reinstatement%20Application%202022.pdf>
- If you already submitted a reinstatement application and it was deferred solely due to a lack of in-person hours, your request for reinstatement will be reprocessed by KBEP.

For licenses that are still active, you may submit your renewal online with CEs earned in any format, so long as you can answer yes to all of the following questions:

- Is your renewal date (not your expiration date) ON OR BEFORE JANUARY 31, 2023?
 - If not, you will need to submit your renewal at a later date and will be required to comply with the CE requirements in place at that time.
- Have you earned all 39 hours of CE ON OR BEFORE YOUR RENEWAL DATE (not your expiration date)?
 - If not and you have earned any CE during your grace period (after your renewal date but before your expiration date), you will be required to submit a paper reinstatement application. If you have not yet submitted a request for reinstatement, you may find information about how to do so at this link: <https://psy.ky.gov/Documents/Reinstatement%20Application%202022.pdf>. If the reinstatement application is received ON OR BEFORE OCTOBER 31, 2022, you will be able to submit all 39 hours earned in any format.
- Do all of your 39 hours of CE meet other necessary criteria for your renewal (e.g., ethics, suicide training, supervisory training, etc.)?
 - If not, you will need to earn these CE hours before you can renew. If they are earned after your renewal date, see the bullet above.

The amendment of 201 KAR 26:175 suspends the limits on the number of home-study and live webinar hours **only until October 31, 2022**. If you are set to renew by January 31, 2023, you may renew under this emergency regulation before October 31, 2022. **If you renew after October 31, 2022, and/or your renewal date is not until February 2023 or after, you must comply with the requirements of 201 KAR 26:175 as written prior to the emergency regulation, which will include a 12 hour limit on home-study (not live) continuing education and a 24 hour limit on live webinars.**



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
500 Mero St., 2 SC 32, Frankfort, KY 40601 (Courier/Special Delivery)
Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ <http://psy.ky.gov>

RENEWAL APPLICATION

To renew your license for the next three years, complete this application form and submit it along with copies of continuing education certificates and the required fee to the **Kentucky State Treasurer**. This completed application and the supporting materials may be submitted to the Kentucky Board of Examiners of Psychology either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 500 Mero St, 2SC32, Frankfort, KY 40601.

Please check which credential you are renewing:

- | | |
|---|---------------------------|
| <input type="checkbox"/> Certified Psychologist | (Renewal Fee is \$300.00) |
| <input type="checkbox"/> Licensed Psychological Associate | (Renewal Fee is \$300.00) |
| <input type="checkbox"/> Certified Psychologist with Autonomous Functioning | (Renewal Fee is \$450.00) |
| <input type="checkbox"/> Licensed Psychological Practitioner | (Renewal Fee is \$450.00) |
| <input type="checkbox"/> Licensed Psychologist | (Renewal Fee is \$450.00) |

_____ First Name			_____ Middle Name			_____ Last Name					
_____ Social Security Number			_____ Date of Birth			_____ Present Place of Employment					
_____ Mailing Address						_____ Business Address					
_____ Mailing Address						_____ Business Address					
_____ City		_____ State		_____ Zip Code		_____ City		_____ State		_____ Zip Code	
_____ Home Telephone Number						_____ Business Telephone Number					
_____ Home Email Address						_____ Business Email Address					

Please complete the following related to your status since **initial licensure or last renewal**:

- | | | |
|---|-----|----|
| 1. Have you been denied licensure/certification in any state/jurisdiction? | Yes | No |
| 2. Has your license/certification been suspended or revoked in any state/jurisdiction? | Yes | No |
| 3. Have you surrendered or allowed you license/certification to lapse in any state/jurisdiction due to an action pending or threatened? | Yes | No |
| 4. Has your license/certification been subject to any disciplinary action by any licensure/regulatory board? | Yes | No |
| 5. Have you entered into a consent or other agreement with any licensure or regulatory board in connection with disciplinary action? | Yes | No |

- | | Yes | No |
|--|-----|----|
| 6. Are you aware of any pending disciplinary action against your license or certification in any state/jurisdiction? | Yes | No |
| 7. Have your clinical privileges at any hospital or other health care institution or clinic been denied, limited, suspended, revoked, or not renewed for any reason? | Yes | No |
| 8. Have you been denied professional liability insurance or has your policy been cancelled or restricted? | Yes | No |
| 9. Have you had psychiatric hospitalization in the past five years? | Yes | No |
| 10. Have you been treated for alcohol or drug abuse/dependence in the past five years? | Yes | No |
| 11. Do you suffer from any illness or health condition which limits or impairs your ability to practice in your profession? | Yes | No |
| 12. Have you been convicted of a felony in the past five years? | Yes | No |
| 13. Has any third party payor, including Medicare and Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to the quality of your professional practice? | Yes | No |
| 14. Have you been disciplined by a professional organization for a violation of ethical standards? | Yes | No |
| 15. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank? | Yes | No |

If you have answered "yes" to any of the above questions, please explain on a supplementary sheet.

CONTINUING EDUCATION REQUIREMENTS – 201 KAR 26:175E

- 39 continuing education hours total
- A minimum of 3 hours in ethical practice or risk management (each renewal period)
- A minimum of 3 hours in domestic violence and elder abuse, neglect, and exploitation (first renewal period only)
- Licensed Psychologists Only: A minimum of 3 hours in Basic or Advanced Supervision (only required during renewal periods in which you are providing supervision as a Board-approved supervisor)
- A minimum of 6 hours in suicide assessment, treatment, and management (required within the first year of licensure and every 6 years thereafter)

Suicide Assessment, Treatment, and Management Exemption:

Do you qualify for an exemption under 201 KAR 26:175E Section 2(2)? ☐ Yes ☐ No
If yes, please attach proof of meeting the exemption.

Complete the following information for each continuing education activity for which you are claiming credit. You may make additional copies of this form if needed.

Enclose documents to verify each of the below activities. These may include certificates or other proof of attendance, copies of official grade reports or transcripts. Brochures may be helpful as supplementary material. If you taught a course in a university, you should provide documentation from your chair or supervisor. If you taught an approved CE workshop, provide documentation from the sponsoring organization.

TOTAL CONTINUING EDUCATION HOURS EARNED: _____

In-person, internet-based or home study, or interactive webinar trainings

1. Name of Program: _____
 Date Offered: _____
 Instructor(s): _____
 CE Hours: _____
 Name and Address of Sponsoring Organization: _____

2. Name of Program: _____
 Date Offered: _____
 Instructor(s): _____
 CE Hours: _____
 Name and Address of Sponsoring Organization: _____

3. Name of Program: _____
 Date Offered: _____
 Instructor(s): _____
 CE Hours: _____
 Name and Address of Sponsoring Organization: _____

4. Name of Program: _____
 Date Offered: _____
 Instructor(s): _____
 CE Hours: _____
 Name and Address of Sponsoring Organization: _____

5. Name of Program: _____

Date Offered: _____

Instructor(s): _____

CE Hours: _____

Name and Address of Sponsoring Organization: _____

6. Name of Program: _____

Date Offered: _____

Instructor(s): _____

CE Hours: _____

Name and Address of Sponsoring Organization: _____

7. Name of Program: _____

Date Offered: _____

Instructor(s): _____

CE Hours: _____

Name and Address of Sponsoring Organization: _____

8. Name of Program: _____

Date Offered: _____

Instructor(s): _____

CE Hours: _____

Name and Address of Sponsoring Organization: _____

Completing a graduate-level psychology course in an accredited academic institution

***Note:** One semester hour is equivalent to 15 continuing education hours. One quarter hour is equivalent to 9 continuing education hours.

1. Course Name: _____
Institution: _____
CE Hours: _____ Date Offered: _____

Teaching a graduate-level psychology course in an accredited academic institution

***Note:** A 3 semester or quarter hour course is equivalent to 6 continuing education hours.

1. Course Name: _____
Institution: _____
CE Hours: _____ Date Offered: _____

Teaching an approved continuing education workshop

***Note:** Continuing education hours are on a one-to-one basis.

1. Course Name: _____
Sponsoring Organization: _____
CE Hours: _____ Date Offered: _____

I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board.

Signature

Date